

FILED SEP 10 1941

Registration District No. 3004

Primary Registration District No. 3004

State File No.

Registrar's No. 5960

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Water Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Booker P Powell

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May 11 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 17 hr. min.

9. Birthplace Pettus Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.

12. Name Booker T Powell
13. Birthplace Franklin Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jane Davis
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs B P Powell
(b) Address Butler Mo

17. (a) Burial (b) Date thereof Aug 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver
(b) Address Butler Mo

19. (a) Aug 28 1941 (b) Nena L Culver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1941 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from Aug 26 1941 to Aug 28 1941
that I last saw him alive on Aug 28 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage
Due to Chronic Interstitial Nephritis
Due to Hypertension
Heart Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (Means of injury)

23. Signature Aug. O. Rush (M. D. or other)
Address Butler, Mo. Date signed Aug 28 1941

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E.

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1615

Date Filed 9-9-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

R. Linton Lisle

Licensed Embalmer No. 4123

P. O. Address Buena Vista, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 27764

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 60

1. PLACE OF DEATH:

- (a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Booker P. Powell

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex M
5. Color or race W
(b) Name of husband or wife Margaret Powell

6. (a) Single, widowed, married,
divorced M
(c) Age of husband or wife if
alive 75 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Oct 2-1941 (b) Anna L. Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1941 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting department in ensuring the integrity of the financial data. It emphasizes the need for transparency and accountability in all financial reporting.

2. The second part of the document outlines the various methods used to collect and analyze financial data, including the use of statistical models and the application of advanced data processing techniques. It highlights the importance of using reliable sources of information and the need for regular updates to the data.

3. The third part of the document describes the various ways in which the financial data is used to inform decision-making, including the use of the data to identify trends and patterns, to assess the performance of different departments, and to develop strategies for improving the overall financial health of the organization.

4. The fourth part of the document discusses the various challenges faced by the accounting department in maintaining accurate records and the importance of using the data to identify and address these challenges. It emphasizes the need for a strong commitment to accuracy and the importance of using the data to inform decision-making.

5. The fifth part of the document describes the various ways in which the financial data is used to inform decision-making, including the use of the data to identify trends and patterns, to assess the performance of different departments, and to develop strategies for improving the overall financial health of the organization.

6. The sixth part of the document discusses the various challenges faced by the accounting department in maintaining accurate records and the importance of using the data to identify and address these challenges. It emphasizes the need for a strong commitment to accuracy and the importance of using the data to inform decision-making.

7. The seventh part of the document describes the various ways in which the financial data is used to inform decision-making, including the use of the data to identify trends and patterns, to assess the performance of different departments, and to develop strategies for improving the overall financial health of the organization.

8. The eighth part of the document discusses the various challenges faced by the accounting department in maintaining accurate records and the importance of using the data to identify and address these challenges. It emphasizes the need for a strong commitment to accuracy and the importance of using the data to inform decision-making.

9. The ninth part of the document describes the various ways in which the financial data is used to inform decision-making, including the use of the data to identify trends and patterns, to assess the performance of different departments, and to develop strategies for improving the overall financial health of the organization.

10. The tenth part of the document discusses the various challenges faced by the accounting department in maintaining accurate records and the importance of using the data to identify and address these challenges. It emphasizes the need for a strong commitment to accuracy and the importance of using the data to inform decision-making.